

Abstracts

1. **Black, P. W., Bevin, A. G., and Arnold, P. G. : One stage palate reconstruction with a free neo-vascularised jejunal graft. *Plast. & Reconstr. Surg.*, 47:316, 1971.**

The authors have described a new method for palatal reconstruction by the use of a free jejunal graft. The jejunal vessels were anastomosed to the facial vessels by the use of microvascular suture techniques. The jejunal mucosa presented in the roof of the mouth, while the upper serosal surface was covered by a free skin graft. From their experience in this case the authors suggest that it would be preferable in future to have a mucosal surface both on the nasal and palatal side. The result achieved in the case described was very good.

N. N. K.

2. **Desprez, J. D., Kiehn, C. L. and Eckstein, W. : Closure of large meningo-myelocoele defects by composite skin muscle flaps. *Plast. & Reconstr. Surg.* 47:234, 1971.**

The authors have described a new technique for providing a composite skin muscle cover in cases with large meningo-myelocoele defects. Verticle bipedicle advancement flaps are outlined on either side, each measuring more than half the width of the defect. The incisions are deepened through the trapezius and latissimus dorsi muscles and a plane is developed deep

to them. The flap consisting of skin subcutaneous tissue and muscle is then mobilised to the midline and sutured in three layers. The lateral defects are closed by the V Y closure.

N. N. K.

3. **Farmer, A. W., McCain, W. G. and Farkas, L. G. : Replacement of a tracheal defect in the dog by a preformed composite graft. A preliminary report. *Plast. & Reconstr. Surg.*, 47:262, 1971.**

The authors have described their experience in replacement of a tracheal defects in experimental animals by the use of a composite cartilage and mucosal graft. In the first stage the skin was denuded from the cartilage of the ear and replaced by a mucosal graft taken from the mouth. In the second stage this composite graft was transferred to the tracheal defect. The take of the composite graft was uniformly good. The authors did not observe any subsequent stenosis or collapse of the repaired trachea after a follow up of three months.

N. N. K.

4. **Heber, P. W. : The treatment of urethral stricture : Transurethral injection of triamcinolone : A preliminary report. *J. Urol.*, 105 : 403, 1971.**

The authors have described their results in the treatment of 12 cases of urethral strictures by transurethral injection of 200 mgms of triamcinolone diacetate

into the strictured area. A special device for injection was prepared using the panendoscope. Good to excellent results were obtained in 83% of the cases. The authors conclude that triamcinolone diacetate is an effective agent in the treatment of urethral strictures.

N. N. K.

- 5 Leake, D., Doykos J., Habal, M.B. and Murray, J. E. : Long term follow up of fractures of the mandibular condyle in children. Plast., & Reconstr. Surg., 47:127, 1971.**

There is considerable variation in the methods advocated for treating condylar fractures in small children, and include (a) open fixation (b) Immobilisation with intermaxillary fixation and (c) non-immobilisation, emphasizing early motion and normal eating habits. The authors have presented their experiences of treating 20 children with condylar fractures by the last method with a follow up of 2 months to 17 years. Their results were excellent. The growth of the condyle appeared normal in all; occlusion was satisfactory; there was no residual pain, clicking or deviation on opening.

N. N. K.

- 6. Bodenham, D. C. and Watson, R. : The early ambulation of patients with lower limb grafts. Brit. J. Plast. Surg., 24:20, 1971.**

It is generally believed that patients who have a free graft on the lower limb should be confined to bed with their leg elevated for a week or more. The authors undertook an investigation in 25 patients

with lower limb grafts who were allowed ambulation 48 hours after the operation and found the take of the grafts was satisfactory in all cases except those in which the graft was opposite a joint. In these cases, when the joint was immobilised, the take of the graft was as satisfactory as in other cases. From this the authors draw the conclusion that early walking does not in any way jeopardise the take of the grafts.

N. N. K.

- 7. Smahel, J. and Ganzoni, N. : Contribution to the origin of the vasculature in free skin autografts. Brit. J. Plast. Surg., 23:322, 1970.**

There are two different conceptions as to the mechanism of revascularisation of skin grafts. According to the first the anastomoses are formed between the proliferating capillaries of the wound bed and the vessels of the graft, while in the second, revascularisation occurs by the growth of vessels from the bed into the graft and their subsequent differentiation into a new vascular system. To demonstrate the validity of the above mentioned concepts the authors performed experiments on rats and visualised the vascular system of the grafts by means of injection of a mixture of India ink and gelatin. They came to the conclusion that in actual practice both the above mentioned mechanisms play a part in graft revascularisation.

N. N. K.

- 8. Fryer, M. P., Brown, J. B., Davis, G., Morgan, L. R. and Sthienchoak, M. : Evaluation of internal wire pin fixation of mandibular fractures. Surg. Gyne. Obst., 132 : 19, 1971.**

The authors obtained solid union after initial reduction and fixation of 327 consecutively fractured mandibles. Internal wire pin fixation was used alone or was the primary means of treatment in about 50%. The jaws without teeth, or those that were unstable were particularly treated by this method. Mild local infection or a compound fracture was no contraindication to the use of this method. The technique is simple and the results presented prove the efficacy of the method.

N. N. K.

9. Thompson, N. : Treatment of facial paralysis by free skeletal muscle grafts. Trans. of Fifth Intern at. Congr. Plast. Reconstr. Surg., Butterworth, Australia,

page 66, 1971.

Free skeletal muscles transplant, palmaris longus and extensor digitorum brevis, transferred as a complete tissue entity, placed in contact with normal innervated muscles and denervated two weeks earlier, has been performed by the author on 14 patients for treatment of unilateral facial paralysis. The operative details of this autogenous muscle transplant are described.

Results have been assessed clinically, by electromyography and in two patients histologically. Effective and bilaterally synchronous activity of eyelids and mouth was obtained. There is follow up of the patients from three months to two years.

R. S. T.